

HEALTH INSURANCE WAIVER APPLICATION FOR INTERNATIONAL STUDENTS

INSTRUCTIONS

1. This form **MUST** be completed and submitted before the waiver deadline. The Spring 2019 deadline is January 25, 2019.
2. Complete **ALL** information on this form.
3. **Present this completed form, your insurance ID card, and your insurance plan information to the Student Health Center Insurance Department. Do not mail, fax, or email this information. Your application will not be processed unless it is presented in person by the student requesting the waiver.**
4. Your application will be processed within 3-5 business days. You will receive an email notification alerting whether your application was approved or denied.

STUDENT INFORMATION

First Name: _____ Last Name: _____ Date of Birth: _____
Dawg Tag # _____ SIU Email Address: _____
Are you an intercollegiate athlete? Yes No

INSURANCE INFORMATION

Name of Insurance Company: _____
Insurance Company Address: _____
Insurance Company City: _____ Insurance Company State: _____ Insurance Company Phone # _____
Policy Holder ID or Member ID # _____ Policy Holder Name (if different from student) _____
If Group Insurance through Employer, Employer Name: _____ N/A
Amount of Deductible: _____
Does the Plan have a Benefit Limit? Yes No
Does the Plan have a Pre-existing Condition Exclusion or Waiting Period? Yes No
Does the Plan Provide Prescription Drug Benefits? Yes No
Does the Plan have In-Network Providers in Carbondale, IL? Yes No

PLEASE READ THE FOLLOWING VERY CAREFULLY

By waiving the Student Health Insurance Plan, I acknowledge that I am currently enrolled in a health insurance plan and will be continuously insured for the school year. I have compared my current plan with that SIU Student Health Insurance Plan and determined my current coverage to be comparable. I further acknowledge that by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and Southern Illinois University will not be held responsible for any medical expenses.

By submitting this form, I understand that I am granting permission for Southern Illinois University to audit this information for accuracy. If the Information provided on this form is found to be falsified, I understand that I will be enrolled in the SIU Student Health Insurance Plan and will be billed for the insurance fee.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Application Reviewed By: _____ Date: _____
 Approved
 Denied Reason Code: Could not verify coverage Plan is not ACA compliant Deductible is too high
 Not through a US company No local in-network providers

CONTACT INFO

Student Health Services
374 East Grand Avenue – MC 6740
Carbondale, IL 62901

phone: 618/453-3311
fax: 618/453-4192
email: shcinfo@siu.edu